

216021755
100485

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 38	Agency Case No. B6-047243	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1	
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/29/2016		TIME OF ACCIDENT 1322	STATE USE ONLY		
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1323	05/29/2016		
B	86	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. ORCHARD		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE		
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		48.00			X	52	
V1/M	10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1							
F	1	DRIVER LICENSE NO.	G02095619	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	
V1/N	1	DRIVER	FRANCES J PYLE	PHONE	4024671050	LOCAL NO.	
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/08/1943	V1/1 19	
G	2	OWNER	FRANCES J PYLE	PHONE	4024671050	V1/2	
H	5	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB511501	V1/3	
V1/O	3	LICENSE PLATE PA NO.	SEC287	YEAR (Plate Expires)	2017	STATE (Of Plate) NE	
V2/O	2	VEHICLE	2009	MAKE	Honda	MODEL REX	
I	1	VEHICLE ID NO. (VIN)	5J6RE48509L031125	BODY STYLE	Medium/large	COLOR blue	
J	01	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 5600				V1/4
K	01	INSURANCE COMPANY	AMERICAN FAMILY				V1/5 19
L	01	TOWED TO	101 CHARLESTON	TOWED BY	CAPITAL	POLICY NO. 036583820164FPPANE	
VEHICLE NO. 2							
F	1	DRIVER LICENSE NO.	PARKED	STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE	
V1/P	1	DRIVER	PARKED/UNATTENDED	PHONE		LOCAL NO.	
V2/P	7	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		V2/1 19	
G	01	OWNER	PRECISION SIDING AND WINDOWS	PHONE	4024894567	V2/2	
H	01	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	V2/3	
V1/Q	1	LICENSE PLATE PA NO.	STY808	YEAR (Plate Expires)	2016	STATE (Of Plate) NE	
V2/Q	3	VEHICLE	2011	MAKE	Honda	MODEL POX	
V3/Q	01	VEHICLE ID NO. (VIN)	5FN9YF4H2XBB045093	BODY STYLE	Medium/large	COLOR gray	
V4/Q	01	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 5600				V2/4
V5/Q	01	INSURANCE COMPANY	STATE FARM				V2/5 19
V6/Q	01	TOWED TO		TOWED BY		POLICY NO. 2227756272	
VEHICLE NO. 3							
VEHICLE NO. 4							
VEHICLE NO. 5							
VEHICLE NO. 6							
VEHICLE NO. 7							
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VEHICLE NO. 95							
VEHICLE NO. 96							
VEHICLE NO. 97							
VEHICLE NO. 98							
VEHICLE NO. 99							
VEHICLE NO. 100							

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH		1	2	3	4	5	SEX
1	FRANCES J PYLE	1030 N 48TH #73, LINCOLN, NE 68504		08/08/1943		01	1	04	4	2	F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
		Saint Elizabeth Regional Medical Center		Lodgepole Volunteer Fire Department							
VEH. #	NAME	ADDRESS		DATE OF BIRTH		1	2	3	4	5	SEX
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH		1	2	3	4	5	SEX
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

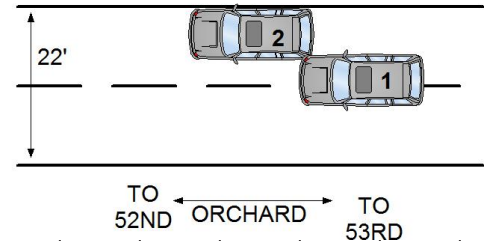
AGENCY CASE NO.
B6-047243



Indicate
North
by Arrow



NOT TO SCALE
POI 48' E OF E OF 52ND
6' S OF N OF ORCHARD



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D-1 said she had just turned onto Orchard and was going west bound on Orchard from 53-52. D-1 collided with a parked vehicle that was parked west from 53-52 on the north side of Orchard.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	0
1				X	ORCHARD													
2				X	ORCHARD													
1	01	06 Turning left																
2	10	08 Entering traffic lane																
					09 Leaving traffic lane		02		06		1		2		Y		Y	
					10 Parked		02		06		1		2		N		N	
					11 Slowing or stopped in traffic		02		06		1		2		N		N	
					12 Other		02		06		1		2		N		N	
					13 Unknown		02		06		1		2		N		N	
					01 Essentially straight ahead		02		06		1		2		N		N	
					02 Backing		02		06		1		2		N		N	
					03 Changing lanes		02		06		1		2		N		N	
					04 Overtaking/ Passing		02		06		1		2		N		N	
					05 Turning right		02		06		1		2		N		N	
					06 Turning left		02		06		1		2		N		N	
					07 Making U-turn		02		06		1		2		N		N	
					08 Entering traffic lane		02		06		1		2		N		N	
					09 Leaving traffic lane		02		06		1		2		N		N	
					10 Parked		02		06		1		2		N		N	
					11 Slowing or stopped in traffic		02		06		1		2		N		N	
					12 Other		02		06		1		2		N		N	
					13 Unknown		02		06		1		2		N		N	

OFFICER NO. 1391	TROOP/ TEAM/ BEAT 3	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Frank Foster		INVESTIGATOR SIGNATURE Approved by Officer Frank Foster	DATE OF REPORT 05/29/2016